

The Parent (s) / Guardian (s)

First and Last Name: _____

Address: _____

Contact Phone Number: _____

The Child (ren)

Full Name (s): _____

Date of Birth: _____

The Temporary Guardian (s)

First and Last Name: _____

Address: _____

Contact Phone Number: _____

I / We, the parents or guardians of the child hereby grant temporary guardianship to the Temporary Guardian for the period from the _____ day of _____, 20_____ and expiring on the _____ day of _____.

- I / We hereby acknowledge that the child will reside and may travel with the Temporary Guardian.
- I / We authorize the Temporary Guardian to act on my/our behalf in making all decisions on a daily basis as to the child's activities and wellbeing.
- I / We authorize the Temporary Guardian to administer general first aid treatment for minor injuries or illnesses experienced by the child except where any such first aid treatment is specifically excluded hereunder: _____
- I / We authorize the Temporary Guardian, in the event that I / we cannot be contacted or if any urgency dictates, to act *in loco parentis* for the child in respect of any circumstances, including any accident or illness, which may necessitate medical treatment, including surgery, and on my/ our behalf to authorize any such treatment or surgery which they, in their sole discretion, (which discretion shall not be unreasonably exercised), may deem necessary. Medical treatment for the child may also include dental surgery, x-ray, blood transfusion, anesthetic and medication provided any such medical treatment is performed by a duly licensed practitioner.
- I/we hereby accept full liability for all costs incurred though such medical treatment for the child.

Persons responsible should please note the following medical information:

Child Name _____
Medication(s) _____
Doses _____
Allergies _____

The following information is essential in case of medical treatment or hospitalization:

Primary Healthcare Insurance information:

Insurance Company Name _____

Address _____

Phone # _____

Policy # _____

Member # _____

Group # _____

Policy Holder's Name and Address _____

Primary Care Physician name and phone # _____

- I /We indemnify the Temporary Guardian against any and all claims whatsoever and howsoever arising, save where such claims arise from negligence, gross negligence or willful intent during the specified period of Temporary Guardianship.
- I / We declare that I am /we are the legal custodian/custodians of the child and that I/ we have legal authority to appoint a Temporary Guardian for the child.

Parent's Signature: _____ Date: _____